

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 01/14/01, 02/14/01, and 03/14/01?
b. The request was received on 01/11/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60 and Letter Requesting Dispute Resolution dated 05/07/02
 - b. HCFAs
 - c. EOBs
 - d. Reimbursement data (EOBs from other carriers)
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g)(4), the Division notified the insurance carrier Austin Representative of their copy of the request on 05/20/01. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
3. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 05/01/02
"The disputed issue is that the Carrier has paid \$150.00 for each monthly rental stating supplemental payment. However, we have no record of receiving any other EOBs prior to this one. We resubmitted the claims to the Carrier requesting additional payment. The Carrier denied additional payment stating duplicate.
2. Respondent: no response submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are 01/14/01, 02/14/01, and 03/14/01.

2. The carrier's EOB has the denials "S – Supplemental Payment" and "D – Payment is denied because this is an identical processed charge audited on 06/11/01."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
01/14/01	E1399-RR	\$250.00	\$150.00	S, D	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (c); MFG, GI (III)	The carrier's EOB that was generated from its 06/22/01 audit has the denial code "S" and list the amount billed as \$150.00. The HCFAs indicates the actual amount billed is \$250.00. The EOB that resulted from the carrier's re-audit has the denial code "D" and list the amount billed as \$250.00. The carrier has not submitted a response to the dispute and has not raised the issue of "fair and reasonable reimbursement on its EOBs. Documentation indicates that the services were provided and billed properly. Therefore, the provider is entitled to additional reimbursement of \$300.00 , the difference between the amount billed and the amount of reimbursement paid to date.
02/14/01		\$250.00	\$150.00				
03/14/01		\$250.00	\$150.00				
Totals		\$750.0	\$450.00				The Requestor is entitled to additional reimbursement of \$300.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$300.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25th day of June, 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.